

FEB. 22. 2007 9:53AM

OBLON SPIVAK

NO. 041 P. 8

IASR 2003/04

Declaration, Power of Attorney and Petition

WE (I) the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Closure device for a filler pipe of a tank for liquid, tank equipped with such a device

the specification of which

☐ is attached hereto.

☒ was filed on October 22, 2004 as

Application Serial No. 10/577925

and amended on _____

☐ was filed as PCT International application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

We (I) hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed
<u>03.12782</u>	<u>FR</u>	<u>31.10.2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No